

APOA Foot & Ankle Council Presents..

Case of the Fortnight

15th June 2021



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Presented by:



Dr. Arvind Puri

MBBS, FRCS (IRELAND), FRACS (ORTH),
ORTHOPAEDIC SURGEON,
Reef Orthopaedic Clinic,
Cairns, Australia

Title: Medial Peri-Talar Fracture Dislocation- Look for associated injuries

*Upcoming Case of the Fortnight
on 1st July 2021*

Presented by:

Dr. K Shantanu Anand

MS (Orth.) Dip.SICOT
APOA Melbourne
Foot & Ankle Fellowship



Title: Subtalar Arthrodesis for Malunited Displaced Intraarticular Calcaneus Fractures (DIACFs)

Want to present a case? Write to...



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chatthara@yahoo.com



Dr Kwai Ming Siu
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Learning Points:

- Peri- talar dislocations are high energy injuries and are rarely isolated.
- The associated injuries can be Subtalar or Calcaneocuboid dislocations, tarsometatarsal fractures.
- Imaging should involve CT Scans and if indicated an MRI as well.
- They have to be managed in a staged manner.
- Soft tissue recovery and swelling subsidence are the key prior to definitive management.
- The objective is to have a plantigrade and functional foot.

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Medial Peri-Talar Fracture Dislocation- Look for associated injuries

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25 years old male, a motor cross freestyle rider, sustained an injury to his left foot while performing a stunt. His foot, in stiff leather riding boot, took the impact on landing and underwent a twisting force simultaneously.

His foot on presentation was swollen, deformed but closed and neurovascularly intact. Radiology, plain X-rays and CT scan, revealed a medial talonavicular dislocation with fractures of the navicular and head of talus. Associated with these injuries was an intra articular compression cuboid fracture involving the 4 and 5 TMT articulations.



He was prioritised and taken to theatre where closed reduction failed to reduce the dislocation and an External Fixator using Schanz pins was applied incorporating both the medial and lateral columns. Due to comminution of the navicular a congruent reduction was not achieved and, due to the extreme swelling, was accepted and no attempt to open the medial Midfoot was made.

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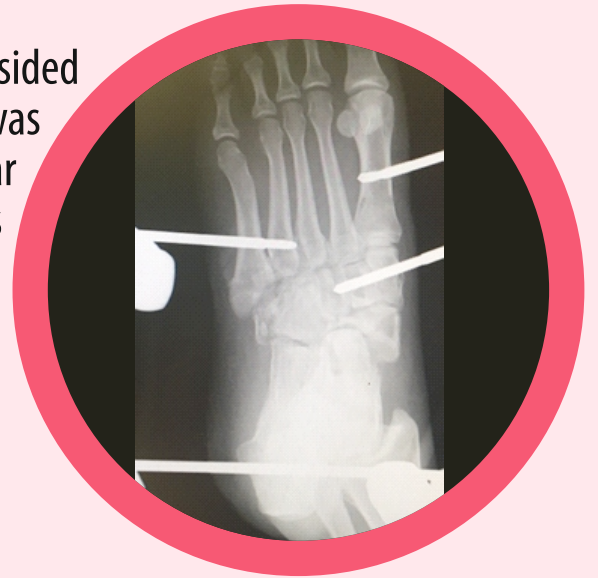
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After two weeks of elevation when the swelling had subsided and the soft tissues were recovered the patient was managed definitively with fusion of the Talo- Navicular joint and the 4th and 5th TMT joint with bridging plates on both columns. This achieved the objective of a stable plantigrade foot.



Both fusions were achieved around the 8-10 weeks and after a prolonged period of Physiotherapy and Rehabilitation, 9 months, he was able to return to normal activities.

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